

## Credential Application

Safety and Buildings Division  
201 W. Washington Avenue  
P.O. Box 7082  
Madison WI 53707-7082  
Phone (608) 261-8500  
TDD #: (608) 264-8777  
7:45 a.m. - 4:30 p.m.  
[www.commerce.state.wi.us](http://www.commerce.state.wi.us)

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

**THE CREDENTIAL WILL NOT BE  
PROCESSED UNLESS YOU :**

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

**Instructions:** Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The applicant's social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

Applicant's Signature	Date (mo/day/yr)
<b>Applicant Information</b>	
Applicant's Social Security No:	
Applicant's Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	
If Available, Internet Address:	

### POWTS INSPECTOR CERTIFICATION

**New Comm 5 Changes affecting your license:** Rule revisions effective August 1, 2004, adjusted the length of terms for some Safety and Buildings Division credentials. Fees were not increased nor were continuing education requirements increased, but were adjusted accordingly to reflect the longer license cycle. The total renewal fee and the required continuing education hours changed as the credentials went from two- or three-year terms to four-year terms. For specific code language, see Comm 5.06 (online at <http://www.commerce.state.wi.us/SB/SB-DivCodesListing.html>).

**Reason for Credential:** A person who holds a credential issued by the department as a certified POWTS inspector may inspect private onsite wastewater treatment systems, POWTS, for the purpose of administering and enforcing the provisions of chs. Comm 82 to 87, as an authorized representative of the department or a local governmental unit.

**Requirements of Credential:** A person who inspects private onsite wastewater treatment systems as a certified POWTS inspector shall:

- Maintain a record of the inspections made including the dates and the findings of the inspections;
- Provide a copy of the inspection record to the private onsite wastewater treatment system owner or his or her agent; and
- Make available to the department upon request inspection records.

A person who holds the credential shall carry on his or her person the credential issued by the department while performing or conducting the activity or activities permitted under the credential.

## **APPLYING FOR POWTS INSPECTOR CERTIFICATION**

A person may obtain a credential as a certified POWTS inspector by either one of the following:

Method 1      Taking and passing the POWTS inspector certification examination.

Method 2      Submitting evidence of holding a current certification as a:  
                    Master or Journeyman Plumber  
                    Master or Journeyman Plumber Restricted Service

Apply for the credential by following the instructions for either method 1 or method 2.

### **METHOD 1 - Examination**

**Application and Exam Fee (nonrefundable): \$30.00**                      **class code 7630**

Make checks payable to: Safety and Buildings Division. The fee consists of a \$10 application fee and an exam fee of \$20. When the exam is passed, the applicant will be asked to pay a \$30 credential fee which will be prorated because the credential expires on a specific date. The credential, which will be issued after the exam is passed and the prorated credential fee paid, will be effective for 4 years from June 30<sup>th</sup>. Applications may be hand delivered to 201 W. Washington Ave, Fourth Floor, Madison, WI between the hours of 7:45 a.m. and 4:30 p.m., Monday through Friday.

**Examination:** In order to obtain the credential the applicant must obtain a score of at least 70% on an examination. The exam will cover chapters Comm 5 and Comm 82-87, Wisconsin Administrative Code. The exam is open book. Copies of current Wisconsin Administrative Code books may be obtained from Document Sales @ (608) 266-3358 or @ (800) 362-7253. Other division publications relating to this credential are available and may be ordered using the attached order form. You will need to have a working knowledge of the various POWTS component manuals. You will need to bring these to the exam site. These can also be purchased through Document Sales. The publication titles and numbers are as follows:

Holding Tank – (SBD-10571-P)

Conventional Soil Absorption – (SBD-10567-P)

Pressure Distribution – (SBD-10573-P)

Mound – (SBD-10572-P)

At-Grade – (SBD-10570-P)

Split Bed Recirculating Sand Filter System – (SBD-10656-P)

Single Pass Sand Filter – (SBD-10595-P)

Recirculating Sand Filter – (SBD-10628-P)

Drip-Line Effluent Dispersal – (SBD-10657-P)

In-Ground Soil Absorption – (SBD-10705-P)

Mound – (SBD-10691-P)

Pressure Distribution – (SBD-10706-P)

To schedule an exam:

- In the table below circle the month you would like to take the exam and the city in which you would like to take the exam. Record a telephone number where you can be reached during the day in case the exam center is filled for that date. The department will attempt to call and offer exams at available sites or dates.
- Submit the **FEE AND THIS APPLICATION** with the month and city circled for the exam to the division **at least 30 days in advance of the exam date chosen**. Note you may wish to keep a copy of this letter for your records.

Exam Name:	This is a 3-hour exam and will be scheduled for the p.m. [ ] a.m. session (7:15) or [ ] p.m. session 11:45
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Circle the exam location of your choice below.

Then below the location, circle the day you would prefer to take the exam.

<b>Wausau All Categories</b>	<b>Black River Falls No Soil Testers</b>	<b>Madison All Categories</b>	<b>Pewaukee No Soil Testers</b>
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2004 Exam Schedule

	August 5	August 10	August 17
September 14		September 28	September 21
	October 7	October 12	October 19
November 9		November 16	November 23
		December 14	December 21

2005 Exam Schedule

<b>LA CROSSE</b> <i>Days Inn and Conference Center 101 Sky Harbour Dr 608-783-1000</i>	<b>GREEN BAY</b> <i>Regency Suites Hotel 333 Main St 920-432-4555</i>	<b>MADISON</b> <i>Sheraton Inn 706 John Nolen Dr 608-251-2300</i>	<b>PEWAUKEE</b> <i>Waukesha County Technical College WCTC 800 Main St 262-695-3474 No Soil Testers</i>	<b>HAYWARD</b> <i>Hayward Inn &amp; Suites 10290 Hwy 27 S (715) 634-4100</i>
	January 4	January 11	January 19 Wednesday	
February 8		February 15	February 22	
	March 9 Wednesday	March 15	March 22	March 30
April 5		April 12	April 19	
	May 11 Wednesday	May 24	May 17	
June 7		June 22 Wednesday	June 14	June 29
	July 12	July 26	July 19	
August 9		August 23	August 16	
	September 13	September 27	September 20	
October 25		October 11	October 18	October 5
	November 8	November 22	November 15	
		December 13	December 6	

Day phone number:

A letter confirming the exact date, time and location will be sent to you.

## METHOD 2 – Proof of Current Licensure

The fee for applying for the credential using method 2 is as specified in the following table:

Month Application is mailed	Fee	Month Application is mailed	Fee	Month Application is mailed	Fee
January	\$36.25	May	\$33.75	September	\$38.75
February	\$35.63	June	\$33.13	October	\$38.13
March	\$35.00	July	\$40.00	November	\$37.50
April	\$34.38	August	\$39.38	December	\$36.88

Record the amount of the fee you will be sending in the box below:

**Fee Submitted (nonrefundable):**

\$

**class code 7630**

Make checks payable to: Safety and Buildings Division. The fee consists of a \$10 application fee and a prorated \$30 credential fee. The credential will be effective for 4 years from June 30<sup>th</sup>. Applications may be hand delivered to 201 W. Washington Ave, Fourth Floor, Madison, WI between the hours of 7:45 a.m. and 4:30 p.m., Monday through Friday.

**ATTACH** to this form a copy of current certification as a:

Master or Journeyman Plumber

Master or Journeyman Plumber Restricted Service

**Education Hours Required to Renew:** The renewal of a credential as a certified POWTS inspector which expires after June 30, 2006, shall be contingent upon the person obtaining at least 12 hours of acceptable continuing education by March 30th of the year the credential expires. People unable to attend lectures or seminars may obtain the necessary hours through correspondence courses. Correspondence courses must also be completed at least three months prior to the expiration date. A person who holds a credential as a certified POWTS inspector may apply to the department for waiver of the continuing education requirements on the grounds of prolonged illness or disability or similar circumstances. Each application for waiver shall be considered individually on its merits by the department.

The Wisconsin Construction Codes Report may contain advertisements for courses, lectures or seminars which will count towards continuing education for a POWTS inspector certification. The WCCR is available by subscription or on the Commerce website at: <http://www.commerce.state.wi.us/SB/SB-DivPublications.html>.



## REFERENCE MATERIAL ORDER FORM

If you have questions regarding your order, contact the Material Orders Unit, (608) 266-1818. If you have questions regarding your credential program, contact the Credentialing Unit, (608) 261-8500. TDD/VOICE RELAY: 1-800-947-3529.

**PLEASE ALLOW 10-15 WORKING DAYS FROM OUR RECEIPT OF YOUR ORDER FOR THE DELIVERY OF YOUR REQUESTED MATERIALS.**

**Please** fill in the number of documents desired in the quantity column. Please also fill in both the cost(s) and the grand total amounts.

Form #	Revision Date	Document Title	Qty.	Price	Cost
SBD-8536-P	1/02	Plumbing - "Cross Connection Control Manual"	x	\$10	
SBD-8869-P	6/03	Plumbing - "Drain and Vent System Design"	x	\$10	
Orders 400-499	1952	Elevator Code	x	\$5	
IND 4	1957	Elevator Code	x	\$5	
IND 4	1970	Elevator Code	x	\$5	
Chapter ILHR 18	1988	Elevator Code	x	\$5	
SBD-8036-P	9/02	Plumbing - "Sizing the Water Supply System"	x	\$10	
SBD-9138-P	7/99	Plumbing - "Wisconsin Water Treatment Handbook"	x	\$10	
SBD-10089-P	1/04	POWTS - "Wisconsin POWTS Inspector Handbook"	x	\$10	
SBD-9046-P	11/02	"Soil & Site Evaluation Handbook"	x	\$10	
SBD-8518-P	4/98	"Plan Submittal Manual - Private Sewage Systems"	x	\$10	Currently Unavailable
SBD-9150-P	11/02	"Rental Weatherization Commentary"	x	\$10	
SBD-8466-P	8/03	"Uniform Dwelling Code (UDC) & Commentary"	x	\$21	

**Make checks payable to: Safety and Buildings Division**

Mail order form and check for the total cost of any documents to:

Wisconsin Department of Commerce

PO Box 2509

Madison, WI 53701-2509

**Grand Total  
REVENUE  
CODE-8035**

Check the box(s) listed below for one free copy of the selected document(s)

Document Title	
UDC Energy Worksheet, SBD-5518	<input type="checkbox"/>
Building a Home in Wisconsin, SBD-7955-P	<input type="checkbox"/>
Erosion Control Brochure and Plot Plan	<input type="checkbox"/>
Rental Weatherization Important Information for Buyers and Sellers, SBD-7366-P	<input type="checkbox"/>

**Fill in the name and street address (not PO box) of where to send the documents. (Please note UPS will not deliver to PO boxes).**

**Please include daytime phone in case of questions.**

First and Last Name	
Business Name	
Street Address	
City, State, and Zip Code	
Daytime Phone	

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

The Department of Commerce is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, please contact the Department at (608) 266-3151 or TTY (608) 264-8777